



CWM CHEMICAL SERVICES, LLC

1550 Balmer Road
P.O. Box 200
Model City, NY 14107
(716) 754-8231
(716) 754-0211 Fax

USEPA REGION II
ATTN: ENVIRONMENTAL COMPLIANCE DEPT
NYD013771217
760 KENSINGTON DR
BUFFALO NY 14215-2620

CERTIFICATE OF DISPOSAL

CWM CHEMICAL SERVICES, L.L.C., EPA ID: NYD049836679, has received waste material from USEPA REGION II on 07/17/06 as described on Hazardous Waste Manifest number NYG2777436 Sequence number 01.

Profile Number: VB4096
CWM Tracking ID: 8160708101
CWM Unit #: 1*0
Disposal Date: 07/24/06

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the date listed above.

RICHARD STURGES
DISTRICT MANAGER
Certificate # 294549
07/25/06

For questions please call
our Customer Service Dept.
at (800) 843-3604

NYG2777436

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALS



HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212

(Hazardous Waste Manifest 1/5/99)

Please type or print. Do not staple

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. N Y D 0 1 3 7 7 1 2 1 7	Manifest Doc. No. 7 7 4 3 6	2. Page 1 of 1	Information within heavy bold line is not required by Federal Law.
3. Generator's Name and Mailing Address US EPA Reg II-Sweet Kleen Site 2800 Woodbridge Ave., Bldg 208, Edison, NJ 08837				A. NYG 2777436	
4. Generator's Telephone Number (718) 447-1782 Attn: Kevin Matheis				B. Generator's ID Site: Sect 15	
5. Transporter 1 (Company Name) Price Trucking Corporation		6. US EPA ID Number N Y D 0 4 8 7 8 5 5 7 4		C. State Transporter's ID 2257B8NY	
7. Transporter 2 (Company Name)		8. US EPA ID Number		D. Transporter's Telephone (718) 822-1414	
9. Designated Facility Name and Site Address CWM Chemical Services, LLC 1550 Balmer Road Model City, NY 14104		10. US EPA ID Number N Y D 0 4 9 8 3 8 8 7 9		E. State Transporter's ID	
				F. Transporter's Telephone ()	
				G. State Facility ID	
				H. Facility Telephone () 718 754-8231	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)			12. Containers Number Type	13. Total Quantity	14. Unit Wt/Vol
a. Hazardous Waste, Solid, N.O.S., 9, NA3077, III (Tetrachloroethene)			001 DT	EST 00023	T
b.					
c.					
d.					
J. Additional Descriptions for Materials listed Above			K. Handling Codes for Wastes Listed Above		
a. VB4098 FRG171			a. 27/17 <input checked="" type="checkbox"/> <input type="checkbox"/>		
b. TETRACHLOROETHENE 27/17			b. <input checked="" type="checkbox"/> <input type="checkbox"/>		
15. Special Handling Instructions and Additional Information SR 81607081					
Site: 760 Kensington Dr., Buffalo, NY 14215					
Emergency Contact: Capital Environmental services, Inc. 302 652-8998 Job# WILM-KSWA-					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name Kevin M. Matheis		Signature <i>Kevin M. Matheis</i>		Mo. Day Year 07 17 06	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name PAVEL Zinkiv		Signature <i>PAVEL Zinkiv</i>		Mo. Day Year 07 17 06	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Mo. Day Year	
19. Discrepancy Indication Space <i>Actual Recd 737609</i>					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Eileen Carter		Signature <i>Eileen Carter</i>		Mo. Day Year 07 17 06	

COPY 1—Disposer State—Mailed by TSD Facility

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the NYS Department of Environmental Conservation (518) 457-7362

GENERATOR

TRANSPORTER

FACILITY